New England Deaconess Hospital
Boston, Massachusetts

pulse

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Cost-cutting efforts broaden into new areas

Spurred by progress in reducing the hospital's electricity consumption for lighting, the Deaconess cost containment effort is broadening into new areas.

Under the guidance of the Cost Containment Committee and its chairman, Administrative Assistant Martin E. Cernek, attention is being focused on supplies and equipment.

Department heads were briefed at the October department head meeting on the high usage of relatively inexpensive items. Their active participation in this phase of cost containment is considered critical to its success.

Dick Reardon, director of materials management, reported that $10.3 million is spent annually for supplies and equipment. The figure excludes grants and contracts.

"Cafeteria patrons used 1,362,000 six-ounce hot cups last year," Mr. Reardon said, "partly because some people use two cups for one cup of coffee."

Another waste-prone area cited by Mr. Reardon is copying. "We spend over $100,000 a year for copying, and this excludes the print shop multilith press which alone turned out 3.2 million copies last year. Add to that the more than 5 million photocopies produced by the hospital's copiers during a year and you end up with over 8 million pieces of paper which must be sorted, collated or filed," Mr. Reardon said.

He then outlined three areas in which Purchasing, with cooperation from the department heads, could help control costs. The first is direct cost reduction, evaluating products and prices with the goal of acquiring the desired level of quality at the lowest reasonable price. Bids, negotiations, standardization, systems purchasing and product changes were also labeled useful tools in a direct cost reduction program.

Cost avoidance techniques include long-term contracts; advance buying; making the most of leases, maintenance contracts and warranties; a willingness to try something different if it would save money; and need, deciding whether a purchase is really necessary.

Group purchasing, Mr. Reardon admitted, often meets with resistance. He asserted, however, that it not only helps cut our costs, but helps other Massachusetts hospitals reduce their costs through volume purchasing.

With the active participation of Mr. Reardon, and in a climate of cooperative interdependence, the Cost Containment Committee is exploring avenues of supply and equipment cost reduction. Its scope is expected to expand further as new areas of cost containment present themselves.

Role Transformation program bridges gap for new nurses

Of the 42 nursing graduates hired by the Deaconess in the summer of 1976, 20 resigned within 12 months. During the same season in 1977, 51 nurses were hired; 8 resigned. Studies showed that many hospitals were experiencing these high attrition rates and that they were due in large part to many graduates having difficulty adjusting to the demands of hospital life. In response to these findings, a program designed to bridge the sometimes sheltered world of the nursing school and the reality of hospital life was implemented here.

Run by the nursing service department, the Role Transformation program has completed its first year of operation, putting the Deaconess in the forefront of this training technique.

"School values are idealistic and conceptual, and nursing students learn to give maximum care to only a few patients at a time," explained Suzanne Holloran, coordinator of staff education for nursing service.

"I find that when a nursing grad joins a hospital staff, she must assume responsibility for a large group of patients as well as ancillaries like LPNs and nursing assistants. Reality shock often overwhelms the young nurse who

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FOLLOWING THE GLEAM

Wearing their uniforms for the first time, 67 first-year nursing students participated in the school's annual candlelighting ceremony held October 20 in Howland Auditorium.

Carrying candles in holders believed to be replicas of the lamp carried by Florence Nightingale during the Crimean War, the students give recognition to her as the founder of modern nursing through the establishment of the first professional nursing school in 1860 at St. Thomas's Hospital in London. The Deaconess Hospital School of Nursing was founded in 1896.

Each small candle was lit with a large candle symbolizing the nursing profession's past, the flame its continuing vitality.

The ceremony, designed to reinforce the goals of nursing and set the tone for the next three years of study, concluded with "Follow the Gleam," a song inspired by the tradition of knighthood and Medieval chivalry. Its message: "to follow the gleam of the light that shall bring the dawn." It urges each student to follow his and her own individual ideals, however they may perceive them.

Flu vaccines control disease which once killed 20 million

"Spanish influenza, which has claimed hundreds of thousands of victims throughout the country, invaded the United States through the port of Boston," the city's Health Commissioner, W. C. Woodward, was quoted as saying in the December 22, 1918, edition of the Boston *Daily Globe*. The 1918 epidemic, history's most deadly flu outbreak, killed more than twenty million people worldwide within a few months.

In Massachusetts the flu had peaked the last week of December when the *Daily Globe* wrote, "nurses enough cannot be obtained. . . and doctors are being kept busy night and day. . ." 778 new cases and 40 deaths were reported in Boston alone on December 25 and 26. On Christmas Day the Boston Health Department issued a call for "persons. . . willing to submit to blood transfusion to aid victims critically ill with pneumonia growing out of influenza." On December 29 officials voiced the fear that a public funeral would be needed to bury the scores of flu victims. One victim, a "grippe-crazed patrolman," was reported by the *Globe* to have died in a "delirium of fever" as he attempted to leap from a third-floor window of his West End home.

Warnings for avoiding the flu included the *Globe*'s advice to "keep out of crowds, beware of coughers and sneezers, get fresh air and sunshine, keep the bowels open, and drink 5-6 glasses of water daily." The Health Department also warned the public that "forcible talkers, especially if they have colds, are dangerous at best and should be excluded from crowded places rather than left to protect by their own skill and agility in getting handkerchiefs or cloths before their faces before the cough or sneeze takes place."

Since 1918 other major epidemics have occurred, but the isolation and identification of two types of virus in 1933 and 1940 allowed researchers to develop vaccines to prevent widespread

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Deaconess sponsors nutritional therapy symposium

The hospital's Nutrition Support Service presented a three-day symposium at the end of last month entitled "A multi-disciplinary approach to practical aspects of nutritional therapy in hospitalized patients."

The event, held at the Cambridge Hyatt Regency Hotel, was co-sponsored by ASPEN, the American Society of Parenteral and Enteral Nutrition, an organization formed two years ago to share and expand on the current knowledge in the field of nutritional assessment and support. The multidisciplinary society is open to all professionals involved in patient care.

One of the first of its kind in the country, the Deaconess Nutrition Support Service has developed a variety of new and innovative techniques that have generated interest nationwide. The symposium was planned in response to this interest and was attended by health care professionals from all over the country. They learned how to incorporate techniques developed here into their own career fields and even how to set up a nutrition support service at their own institutions.

Administrative Assistant Marjorie Pond, spoke on the later issue, describing the origins of the Deaconess Nutrition Support Service.

"A committee was formed in July 1973, under the chairmanship of Dr. George Blackburn, to develop guidelines and recommendations concerning hyperalimentation therapy. By November of that year, the Hyperalimentation Department was operational. At that time, the staff comprised Dr. Blackburn, one nurse and a secretary, and it served 141 patients the first year. Last year, 670 patients were served by a staff of ten," Miss Pond said.

She emphasized that an effective nutrition support service, with its hyperalimentation component, not only has a positive impact on patient care, but also can bring credit and recognition to any institution.

The symposium was primarily clinically oriented, however, and focused on the multidisciplinary approach to the surveillance, diagnosis and treatment of adult protein-calorie malnutrition. The program emphasized practical, current methods of nutritional assessment, techniques of enteral and parenteral feeding, development of nutrition prescriptions and their monitoring and evaluation. The curriculum was designed to include basic metabolism, nutrient requirements and the role of nutrition in specific diseases.

Organization of the three-day program was accomplished by three Nutrition Support Service employees and a member of the hospital's pharmacy staff. Joanne Wade, RD, Chris Shaw Regan, RN, and Cheryl Bunker, all from the service, and Richard Griffin RPH, setup the schedule, contacted and assigned speakers, arranged hotel accommodations, and planned the program.

Role Transformation . . .

(Continued from front page)

finds the multitude of demands on her time and energy frustrating and impossible to fulfill. In addition, new graduates make unrealistic demands on themselves by comparing themselves to older, more seasoned nurses," Mrs. Holloran said.

Learning to make a creative adjustment from success in the school subculture to success in the work subculture is what the "Role Transformation" program, or "Biculturalism," is all about. Formulated by Dr. Marlene Kramer, an RN and professor at the University of California at San Francisco, Biculturalism is defined and discussed in her books, *Reality Shock* and *Path to Biculturalism.* Kramer maintains that programs for achieving biculturalism cut the nursing attrition rate, effect constructive changes in nursing practices and procedures, help maintain professional ideals, and enable new nurses to receive better ratings from their supervisors.

In Kramer's study of 260 new RNs working eight medical centers throughout the United States, 90.2 percent of the "biculture" nurses were still on the job after one year, while only 60.2 percent of the nurses who had received the standard clinical in-service training were still working in their initial position.

"Throughout the country, nursing administrators recognize that a high turnover rate has a direct relationship to the quality of nursing care, and are consequently always on the alert for ways to minimize resignations," said Ellen Howland, director of nursing.

"When offered the opportunity to participate in a workshop given by Marlene Kramer at Beth Israel Hospital to train staff in leading in-service programs at their own hospitals, both Lois Preston, associate director of nursing service, and I were eager to support such a venture. We correctly believed that the financial investment would be more than offset by the potential benefits," she added.

Birdie Hanson, the former assistant director of patient care, and Barbara Mishkin, instructor in staff education, were eager to participate along with Suzanne Holloran, then chairwoman of the third year program at the school of nursing. After attending the workshop, all three were convinced that skills they had learned would benefit RNs at the Deaconess.

The first program for nursing graduates was conducted from October 1977 to March 1978. Now the programs are scheduled according to the graduation dates of the nurses. Presently, approximately 40 nursing grads are taking the in-service training.

"The training is designed to deal with four phases that we have identified as comprising the nursing grad's experience. We term these phases *honeymoon, reality shock, recovery* and *resolution.* Young nurses find that the *honeymoon* period may last only a few weeks, and then job disenchantment sets in as the shock of the "real world" jars their expectations. The *recovery* and *resolution* periods occur as the new RNs learn to cope with the demands of their hospital setting," Mrs. Holloran explained.

Through the use of three different course components – *affective, cognitive,* and *behavioral* – the training is designed to help nurses achieve job satisfaction; a goal which results in better patient care, less staff turnover, and financial savings to hospitals.

The *affective* portion of the program consists of six weekly seminars which allow the graduates to discuss their job frustrations in a supportive group setting.

The *cognitive* component is based on the text *Path to Biculturalism,* written specifically for new nurses and laid out in workbook format.

The *behavioral* aspect of the training, given five to seven months after the nurse first joins the staff, teaches empathy, feedback and conflict-resolution skills. Head nurses supervising the new RNs are involved in this portion of the program, which makes for easier on-the-job communications.

The program, optional in the past, is now a required part of orientation for all nursing graduates. Their response has been very positive. A typical reply to the evaluation question "Do you view this seminar experience as an important ingredient in helping you to stay at the Deaconess as a member of the nursing staff?" was: "The program was helpful for adjusting to the hospital routine and environment." Another RN wrote, "Yes, it made me feel even more that the hospital cares about us – a feeling I like very much."

Mrs. Holloran feels the problems addressed by this biculturalism program are not unique to nursing and that the training could be applied to any number of work situations; especially those in which the individual has little on-the-job autonomy.

Five RNs have been trained by Mrs. Holloran and Mrs. Mishkin to assist in running the biculturalism program. They are: Gwen Muldoon, staff education instructor; Betty Dunbar, nursing care coordinator; Cindy Shuler, unit teacher; Paula DePalma, head nurse; and Shirley Overstreet, head nurse.

A Role Transformation class in session: (l.-r.) are Donna Correllus, Nancy Hendricks, Suzanne Holloran, Kerry Connor, Maureen Flannery, Gwen Muldoon and Barbara Mishkin.

Flu. . .

(Continued from front page)

flu fatalities. Type A virus, responsible for the worldwide Asian flu outbreak in 1957, causes sudden epidemics which peak in two to three months and subside quickly. The Asian epidemic, for example, began in China early in the year and circled the globe by June 10. Since crowded conditions aggravate this flu strain, over 50 percent of urban populations contracted this virus in 1957.

The Swine flu, so called because it starts with worm parasites in hogs, is also a variation of Type A. New strains of the virus, like the Hong Kong flu of 1968, are considered a cause of major epidemics recurring every two to four years in the winter months. Type A virus appears in birds and lower mammals as well as in human beings.

Type B virus, occurring mostly in localized outbreaks such as schools and military camps, caused the epidemics of 1936 and 1945 in the United States. Type C is rarely detected because it is so mild. Type classifications are based on the structure of their antigens, substances which stimulate the production of antibodies.

The first recorded flu epidemic erupted in 1610, and the next major outbreak occurred in 1889, spreading from Siberia through Europe to the United States. Particularly bad outbreaks of flu seem to be accounted for by the intensity of the infection rather than increased susceptibility in the host.

The term *influenza,* introduced into the language by John Huxham in 1743, derives from the Italian phrase *un influenza di freddo*, meaning "the influence of the cold." Until 1890 people believed the flu was spread by prevailing winds.

Influenza is usually contracted directly from another person although it can also be carried via eating utensils, handkerchiefs, or the hands. Symptoms may include cough, chilliness, frontal headache, abdominal muscle pain, temperatures to 103 degrees, sweating, and chest pain. Usually the virus lasts from two days to a week and although complications like pneumonia may occur, fatalities generally result only from a combination of viral *and* bacterial infection.

When the virus enters the body, it attacks and destroys the cells lining the respiratory tract. The nose and the larger respiratory passages are the most severely affected. If the virus develops into pneumonia, fluid will accumulate in the lungs. Complications induced by bacterial infection may also affect the lower respiratory tract, causing a more severe case of pneumonia. It is now possible to make short-term predictions of epidemics based on a collection of serums from the blood which show what antibodies exist against which strains of flu.

Electron micrograph of influenza virus particles of A/Hong Kong/68 negatively stained with sodium phosphotungstate (X100,000).

Because antibiotics cannot alter the course of the flu or prevent complications, innoculation is important, especially for persons 65 and over or for community service persons with heavy public contact. However, since the virus is cultivated in chick embryos, people who are allergic to egg protein should avoid vaccination.

Long Range Planning Committee Studies Possible Impact of HMOs

"Today is the tomorrow we worried about yesterday," is a saying most of us have heard since we were wee tots. And the trustees and administration of the Deaconess know it to be true.

For that reason in February of 1971 a formal Long Range Planning Committee was established to study health care trends, consider present and predicted government regulations and most important of all to plan for the future of the New England Deaconess Hospital. Each month for almost eight years a group of trustees, administrators, physicians, and others who make up the Long Range Planning Committee have met to consider a variety of topics affecting the hospital. Their charge is to make periodic recommendations designed to help the board of Trustees determine specific courses of action.

One such topic, under detailed discussion since late spring, is the growing popularity of HMO's (Health Maintenance Organizations) with the implications their development has for the Deaconess.

An HMO is a health delivery system in which subscribers are charged a flat monthly premium to cover a wide range of routine and catastrophic medical costs. An HMO is supposed to stress preventive medicine and outpatient care whenever possible and deemphasize more expensive hospital care, since the organization must live within the prepaid amount it receives from its enrollers. Classicially, an HMO delivers care out of its own clinics – an arrangement that makes "one-stop shopping" possible. These clinics employ doctors and other health professionals on salary. An HMO may or may not own its own hospital. The Harvard Community Health Plan, like many other HMO's, maintains affiliations with existing hospitals for inpatient care but renders outpatient care in its own centers.

An IPA, or Independent Practice Association, is a type of organization that is sometimes called "an HMO without walls." The financing is the same, but the care is rendered in a traditional way, out of doctors' offices and community hospitals. The doctors however, are paid on the traditional fee-for-service basis.

HMOs are said to provide such advantages to families as a budgetable monthly expense, comprehensive benefits including regular checkups, fewer hospital days and surgical procedures, and round-the-clock emergency care.

For many people these tend to be very appealing terms. More and more the HMO movement is viewed as a free market alternative to a heavily regulated, public utility model for the health care industry. HMO's are not created to develop "the utopia" in medicine, but to provide a definite alternative to the present fee-for-service and third-party insurance system.

The subject of HMO's quite naturally had become one of interest to the New England Deaconess Hospital. Mr. C. Vincent Vappi, chairman of the Long Range Planning Committee, asked that a working paper be prepared so that the situation could be analyzed and a course of action proposed for the Deaconess. Three options were carefully considered: 1. No HMO participation 2. Become an integral part of the HMO system 3. Assume a specialty backup role.

Many hours were devoted to detailed examination of the advantages and disadvantages of each option. The goal is to determine the precise effects each alternative would have for the Deaconess.

In the end, none of the three choices stood out as being particularly well suited to meeting the current assessment of the HMO challenge. HMO's require a large pool of basically healthy subscribers to compensate for the higher costs of those with chronic or acute illness. The Deaconess in its present configuration cares primarily for the older, more acutely sick patient, and with its current goals seems more wisely directed to look forward to multi-institutional relationships with other hospitals.

The Long Range Planning Committee feels that such a strategy would be shaped most advantageously by: 1. Seeking partnerships with relatively inexpensive acute care beds serving community, not referral needs; 2. Seeking locations scattered around the Boston area not concentrated near the present site. 3. Continuing to develop a back-up role in specialized clinical services with other hospitals; and 4. Encouraging the clinics and general staff to explore HMO's.

As time progresses and the impact of HMO's is more clearly defined, the Long Range Planning Committee will monitor HMO trends to determine if other courses of action are appropriate for the Deaconess.

Deaconess News in Brief

Mr. Campisano Lectures in U.K.

Assistant Director Peter Campisano lectured September 23 at the University of York in England on 'The Relevance of Social Science in the Delivery of Human Services.' The presentation represented some research recently conducted by Mr. Campisano for the completion of his Ph.D.

White Elephants Wanted

The Christmas Bazaar to be held by the Friends of the Deaconess in the Farr lobby on Friday, December 1, at 9:30 a.m. needs items for the white elephant table. Suitable articles may be placed in the barrel located in the lobby or left in Janet Clinton's office at Audrey Kennedy Hall, room 106. All proceeds from the bazaar are for the benefit of the School of Nursing.

Farr 4 Joins Harris Hall 3

Work began recently on the bridge that will span Pilgrim Road from Farr 4 to Harris Hall 3. The bridge is designed to connect the new residents' quarters, soon to be constructed on Harris Hall 4, with the patient floors. It will also permit the relocation of the clinical teaching classroom from Deaconess 3 to Harris Hall 3. The vacated space on Deaconess 3 will be renovated to accommodate the cardiac catheterization lab.

Friends Schedule Open House

The Friends of the Deaconess will host an Open House December 10 from 2:30 to 4:30 p.m. in the Farr lobby. Following an annual Deaconess tradition, the Friends will offer coffee, cider and light refreshments to hospital visitors. Mrs. Krall, chairwoman of the Friends, is organizing the event.

Mr. Schraub, Miss Diggdon retire

While Charlie Schraub is refurbishing his 150-year-old retirement home in Maine, new Chief of Pharmacy Phil Pacella will be making the transition from his previous position as assistant manager. Mr. Pacella, a veteran of 25 years at the Deaconess, replaces Mr. Schraub who came here 35 years ago after graduating from the Massachusetts College of Pharmacy.

The new chief anticipates a smooth transition due to Mr. Schraub's July announcement of his impending retirement, which allowed time for planning the transition, and the recent implementation of a management by objectives program.

In addition to filling prescriptions, the pharmacy, which is open 24 hours a day, seven days a week, keeps records of all patient and employee prescriptions and microfilms and files articles from pharmaceutical publications. Occasionally pharmacists also make rounds with physicians to check on the type of drugs which should be dispensed to individual patients.

As a farewell to Charlie Schraub, fellow employees and friends gathered at a retirement party October 13 in Harris Hall. Mr. Schraub was well known as organizer of the Deaconess bowling league and member of the softball team.

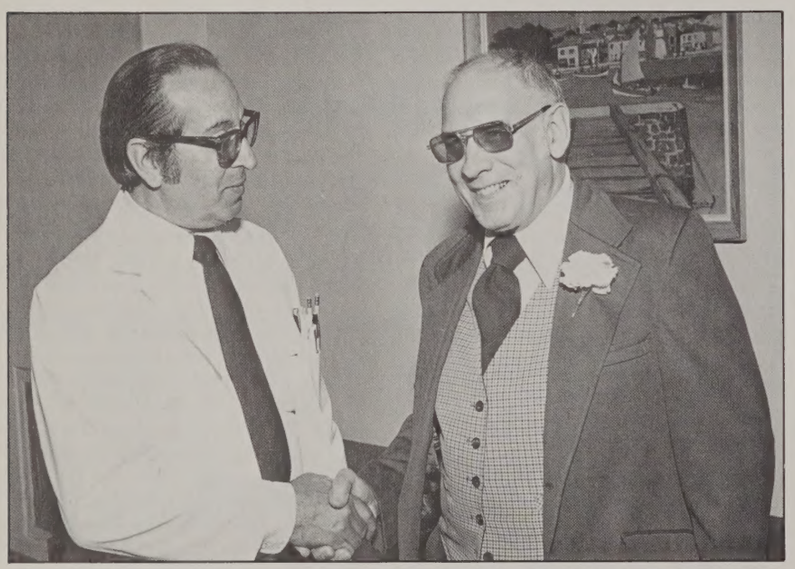
Mr. Pacella, who was graduated from Northeastern University's School of Pharmacy, is an avid orchid-grower and member of the Massachusetts Orchid Society. He recently added a greenhouse to his Canton home.

Another longtime employee retired September 11. Virginia Diggdon had been the student health clinic nurse since 1959.

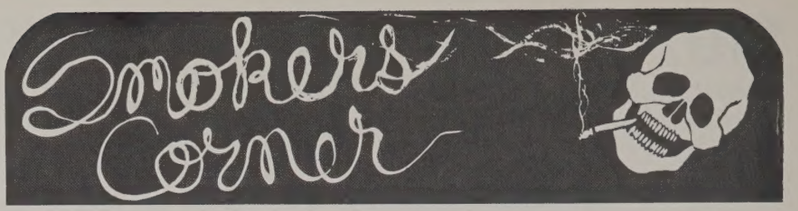
She was graduated from the Deaconess School of Nursing in 1940 and from 1943 to 1946 served in the Army Nurse Corps as a first lieutenant. Miss Diggdon was stationed in the Arctic, England, France and the Pacific.

Leaving the Army, she joined the Deaconess staff but was soon promoted to head nurse of the neurology floor then located on Deaconess 3 North.

She has no major plans for her retirement, but enjoys being home. She is a member of the Appalachian Mountain Club, the Massachusetts Audubon Society and the Brookline Bird Club.



Phil Pacella (l.), new chief pharmacist, says 'farewell and good luck' to Charlie Schraub who retired in October after 35 years at the Deaconess.



A two-pack-a-day smoker will burn his way through $365 each year. In ten years he will have spent $3,650 on his habit (more like well over $4,000 as cigarette costs and taxes rise). In thirty years a smoker will have spent more than $11,000 on cigarettes.

If this sounds like too much to spend damaging your body and you want to quit but haven't quite found the means, here are some tips based on letters written to the American Cancer Society from liberated ex-smokers.

1. Try replacing that hot cigarette with a hot (spicy) drink. Tomato juice with Worcestershire sauce, pepper and other seasonings is excellent.

2. Smoke only in a certain spot – one that is isolated, uncomfortable and devoid of amusements such as TV, books or food.

3. Take a deep breath instead of a cigarette before answering the phone if you have that habit.

4. "Craving" smokers will find this suggestion helpful. Select a day on which you will definitely quit, and for a few days before smoke excessively. Double your intake until the entire process floods your system with nicotine and makes you sick and disgusted with cigarettes. When the distaste for nicotine is at its height, quit.

5. Tell all your friends that you definitely are going to quit. This will help you from backsliding. You don't want to ruin your reputation. Promise someone a dinner if you return to smoking.

6. Let your family give you some sort of celebration. Make failure a financial punishment – make bets on your ability to stop and offer good odds.

7. Take up pipe smoking. It'll drive you crazy – and maybe eventually to not smoking – to try and keep that pipe lighted. Besides, you won't inhale as much.

8. Change your smoking habits by changing brands. Keep switching to lower tar and nicotine cigarettes but don't increase your usage. The final change you make will be to quit.

9. Discover what motivates you to smoke. Then build an even stronger motivation to stop. Be sure your decision is firm and your motivation is solidly based.

10. First, decide whether you're going to quit "cold turkey" or gradually. If you decide to do it gradually, set intermediate goals for yourself such as 15 cigarettes in the first week, 10 in the second, and so on until you're down to zero.

However, if you can't manage it alone and would like information about 'kick the habit clinics,' call Pulmonary Function Lab at extension 2965.

Students tour school of nursing

Guidance counselors, parents, and 98 students toured the School of Nursing October 10, learning about what it takes and what it means to be a nurse. They came from all over New England.

The occasion was the annual Open House at which the teenagers were able to watch and participate in nursing care demonstrations as well as learn about the school directly from their student guides. A slide show depicted a student's progress through the three-year diploma program.

Due to a heavy demand for admission to the school, 67 students were admitted this year in contrast to the usual 65.

New England Deaconess Hospital
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pulse

The New England Deaconess Hospital is a 489-bed and 14-building complex. Physicians from the Joslin Clinic, the Lahey Clinic, Overholt Thoracic Clinic and the general medical and surgical staffs serve the needs of their patients at the hospital. The Deaconess is internationally known for diagnosis, treatment and research in brain and chest surgery, cancer, diabetes and general medicine, and is affiliated with Harvard Medical School.

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Traditional Candlelighting ceremony for first-year nursing students is steeped in historical significance. See front page.

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